
By: **Delegates Nathan-Pulliam, V. Turner, Benson, Carter, Griffith, Haynes,
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Introduced and read first time: February 7, 2003

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Care Disparities Program - Required Education for Practitioners**
3 **and Coordination of Services**

4 FOR the purpose of requiring certain institutions of higher education in the State to
5 include certain courses in the curriculum or offer special seminars using the
6 findings of certain reports; requiring the courses or special seminars to address
7 the issue of health care services disparities of certain minority populations with
8 cultural competence, sensitivity, and health literacy; requiring certain
9 institutions of higher education to develop and implement certain courses or
10 offer special seminars by a certain date; requiring certain health care
11 professionals to take a certain class or seminar addressing a certain issue within
12 a certain time period; requiring certain health care professionals to provide
13 certain documentation from a certain entity to a certain licensing entity;
14 requiring the Department of Health and Mental Hygiene in consultation with
15 the Maryland Healthcare Foundation, to develop and implement a certain
16 coordinated program delivery system to reduce health care disparities among
17 certain entities; requiring the coordinated program delivery system to meet
18 certain criteria; requiring the Department to implement a certain coordinated
19 program delivery system by a certain date; requiring the Department to submit
20 certain reports to certain entities by certain dates; requiring a hospital with a
21 certain program to require certain personnel to take a certain course at least
22 once each year; requiring a hospital's course addressing a certain topic to follow
23 the guidelines of certain organizations; and generally relating to required
24 courses and a delivery system related to health care services disparities.

25 BY adding to
26 Article - Health - General
27 Section 20-801 through 20-803, inclusive, to be under the new subtitle "Subtitle
28 8. Health Care Services Disparities Prevention"
29 Annotated Code of Maryland
30 (2000 Replacement Volume and 2002 Supplement)

1 Preamble

2 WHEREAS, A large body of published research reports that racial and ethnic
3 minorities experience a lower quality of health care services and are less likely to
4 receive even routine medical procedures relative to white Americans; and

5 WHEREAS, Racial and ethnic disparities in health care are, with few
6 exceptions, remarkably consistent across a range of illnesses and health care services
7 even after adjustment for socioeconomic differences; and

8 WHEREAS, The health gap between minority and nonminority Americans has
9 persisted, and in some cases, increased in recent years and is confounded by the
10 disproportionate representation of minorities in the lower socioeconomic tiers; and

11 WHEREAS, Research suggests that health care providers' diagnostic and
12 treatment decisions, as well as their feelings about patients, are influenced by
13 patients' race or ethnicity; and

14 WHEREAS, Health care providers may not recognize manifestations of
15 prejudice in their own behavior; and

16 WHEREAS, Education programs regarding cultural competence, sensitivity,
17 and health literacy should be integrated early into the training of future health care
18 providers, and practical, case-based, rigorously evaluated training should persist
19 through continuing education programs for practitioners; and

20 WHEREAS, Education programs regarding cultural competence, sensitivity,
21 and health literacy have been developed to enhance health professionals' awareness
22 of how cultural and social factors influence health care, while providing methods to
23 obtain, negotiate, and manage this information clinically once it is obtained; and

24 WHEREAS, The health care workforce and its ability to deliver quality care for
25 racial and ethnic minorities can be improved substantially by increasing the
26 proportion of underrepresented racial and ethnic minorities among health
27 professionals; and

28 WHEREAS, Health systems should attempt to ensure that every patient,
29 whether insured publicly or privately, has a sustained relationship with an attending
30 physician able to help the patient effectively navigate the health care bureaucracy;
31 and

32 WHEREAS, Equalizing access to high-quality health care plans can limit
33 fragmentation in the current health care system, so that public health care payors
34 can provide their patients with access to the same health care products as privately
35 insured patients; and

36 WHEREAS, Eliminating health care disparities is important in raising the
37 overall quality of the nation's health care and because racial and ethnic
38 discrimination is intolerable by law, is contrary to moral creed and the health care
39 ethic, and generates public disapproval; now, therefore,

1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
2 MARYLAND, That the Laws of Maryland read as follows:

3 **Article - Health - General**

4 SUBTITLE 8. HEALTH CARE SERVICES DISPARITIES PREVENTION.

5 20-801.

6 (A) (1) AN INSTITUTION OF HIGHER EDUCATION IN THE STATE THAT
7 INCLUDES IN THE CURRICULUM COURSES NECESSARY FOR THE LICENSING OF
8 HEALTH CARE PROFESSIONALS IN THE STATE SHALL INCLUDE IN THE CURRICULUM
9 COURSES OR OFFER SPECIAL SEMINARS THAT ADDRESS THE IDENTIFICATION AND
10 ELIMINATION OF HEALTH CARE SERVICES DISPARITIES OF MINORITY POPULATIONS
11 AS REPORTED IN THE FINDINGS OF:

12 (I) THE INSTITUTE OF MEDICINE'S REPORT "UNEQUAL
13 TREATMENT: CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE";
14 AND

15 (II) THE SURGEON GENERAL'S "HEALTHY PEOPLE 2020" REPORT.

16 (2) THE COURSES OR SPECIAL SEMINARS REQUIRED UNDER
17 PARAGRAPH (1) OF THIS SUBSECTION SHALL ADDRESS, WITH CULTURAL
18 COMPETENCE, SENSITIVITY, AND HEALTH LITERACY THE ISSUE OF HEALTH CARE
19 SERVICES DISPARITIES OF MINORITY POPULATIONS IDENTIFIED BY:

20 (I) RACE;

21 (II) ETHNICITY;

22 (III) POVERTY; AND

23 (IV) GENDER.

24 (B) (1) AN INSTITUTION OF HIGHER EDUCATION IN THE STATE THAT
25 INCLUDES IN THE CURRICULUM COURSES NECESSARY FOR THE LICENSING OF
26 HEALTH CARE PROFESSIONALS IN THE STATE SHALL DEVELOP THE COURSES OR
27 SPECIAL SEMINARS REQUIRED IN SUBSECTION (A) OF THIS SECTION ON OR BEFORE
28 JUNE 30, 2004.

29 (2) AN INSTITUTION OF HIGHER EDUCATION IN THE STATE THAT
30 INCLUDES IN THE CURRICULUM COURSES NECESSARY FOR THE LICENSING OF
31 HEALTH CARE PROFESSIONALS IN THE STATE SHALL IMPLEMENT THE COURSES OR
32 SPECIAL SEMINARS DEVELOPED IN PARAGRAPH (1) OF THIS SUBSECTION ON OR
33 BEFORE JUNE 30, 2006.

34 (C) (1) A LICENSED AND PRACTICING HEALTH CARE PROFESSIONAL SHALL
35 TAKE A COURSE OR ATTEND A SEMINAR THAT ADDRESSES HEALTH CARE SERVICES

1 DISPARITIES OF MINORITY POPULATIONS AS A CONTINUING EDUCATION COURSE ON
2 OR BEFORE OCTOBER 1, 2004.

3 (2) A LICENSED AND PRACTICING HEALTH CARE PROFESSIONAL SHALL
4 PROVIDE WRITTEN DOCUMENTATION OF ATTENDANCE FROM THE SPONSORING
5 ENTITY OF THE COURSE OR SPECIAL SEMINAR REQUIRED IN PARAGRAPH (1) OF THIS
6 SUBSECTION, TO THE APPROPRIATE LICENSING ENTITY.

7 20-802.

8 (A) THE DEPARTMENT, IN CONSULTATION WITH THE MARYLAND
9 HEALTHCARE FOUNDATION, SHALL DEVELOP AND IMPLEMENT A COORDINATED
10 PROGRAM DELIVERY SYSTEM TO REDUCE HEALTH CARE DISPARITIES BASED ON
11 GENDER, RACE, ETHNICITY, AND POVERTY AMONG THE FOLLOWING ENTITIES,
12 INCLUDING:

13 (1) THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND;

14 (2) THE MONUMENTAL CITY MEDICAL SOCIETY;

15 (3) THE NURSE PRACTITIONERS ASSOCIATION OF MARYLAND;

16 (4) THE MARYLAND ACADEMY OF PHYSICIAN ASSISTANTS;

17 (5) THE MENTAL HYGIENE ADMINISTRATION; AND

18 (6) THE CENTER FOR POVERTY SOLUTIONS.

19 (B) THE COORDINATED PROGRAM DELIVERY SYSTEM SHALL:

20 (1) UTILIZE AND ALLOCATE AVAILABLE FUNDING EFFICIENTLY AND
21 EFFECTIVELY;

22 (2) CLOSE ANY GAPS IN SERVICE DELIVERY BASED ON GENDER, RACE,
23 ETHNICITY, AND POVERTY;

24 (3) REDUCE THE DUPLICATION OF AVAILABLE HEALTH CARE SERVICES;
25 AND

26 (4) REDUCE THE FRAGMENTATION OF HEALTH CARE SERVICES.

27 (C) THE DEPARTMENT SHALL IMPLEMENT THE COORDINATED PROGRAM
28 DELIVERY SYSTEM REQUIRED UNDER SUBSECTIONS (A) AND (B) OF THIS SECTION ON
29 OR BEFORE SEPTEMBER 30, 2004.

30 (D) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND,
31 SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE HOUSE HEALTH
32 AND GOVERNMENT OPERATIONS COMMITTEE BY SEPTEMBER 30 OF EACH YEAR, ON
33 THE IMPLEMENTATION OF THE COORDINATED PROGRAM DELIVERY SYSTEM.

1 20-803.

2 (A) A HOSPITAL WITH A CONTINUING EDUCATION PROGRAM SHALL OFFER
3 AND REQUIRE THE HOSPITAL'S MEDICAL STAFF AND HEALTH CARE PRACTITIONERS
4 TO TAKE A CONTINUING MEDICAL EDUCATION OR CONTINUING EDUCATION UNIT
5 COURSE THAT ADDRESSES HEALTH CARE SERVICES DISPARITIES OF MINORITY
6 POPULATIONS AT LEAST ONCE EACH YEAR.

7 (B) THE CONTINUING MEDICAL EDUCATION COURSE REQUIRED UNDER
8 SUBSECTION (A) OF THIS SECTION, SHALL COMPLY WITH THE CRITERIA AND
9 GUIDELINES SET FORTH BY THE MEDICAL AND CHIRURGICAL FACULTY OF
10 MARYLAND AND MONUMENTAL CITY MEDICAL SOCIETY'S STEERING COMMITTEES
11 PROGRAM ADDRESSING HEALTH CARE SERVICES DISPARITIES OF MINORITY
12 POPULATIONS.

13 SECTION 2. AND BE IT FURTHER ENACTED, That:

14 (a) The Department of Health and Mental Hygiene, in consultation with the
15 Mental Hygiene Administration, the Alcohol and Drug Abuse Administration, the
16 AIDS Administration, and the Advisory Council on Heart Disease and Stroke, shall
17 submit a report to the Senate Education, Health, and Environmental Affairs
18 Committee and the House Health and Government Operations Committee on or
19 before September 30, 2004, in accordance with § 2-1246 of the State Government
20 Article, on recommendations and implementation plans for closing gaps in health
21 services delivery and financial access to health services based on race, poverty,
22 gender, and ethnicity.

23 (b) The report shall include:

24 (1) cultural competency and sensitivity guidelines based on race,
25 poverty, gender, and ethnicity for health care providers participating in State-funded
26 programs;

27 (2) standards for screening, diagnosing, and referring to a mental health
28 care provider, a patient with a mental health condition to determine if the patient has
29 a co-occurring chronic illness;

30 (3) guidelines for the screening, diagnosing, and referring to the
31 appropriate health care provider of patients diagnosed with HIV/AIDS;

32 (4) identification of existing cardiovascular disease prevention and
33 treatment programs that have demonstrated success in the education, prevention,
34 and treatment of cardiovascular disease with quantifiable standards; and

35 (5) identification of existing cancer prevention and treatment programs
36 that have demonstrated success in the education, prevention, and treatment of cancer
37 with quantifiable standards.

38 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
39 October 1, 2003.

